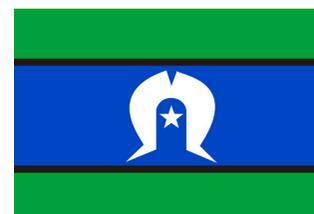


Our area of work

The Central and Eastern Sydney Primary Health Network (CESPHN) has a catchment that covers 11 local government areas that include:

- Bayside
- Burwood
- Canada Bay
- Canterbury-Bankstown
- Georges River
- Inner West
- Randwick
- Strathfield
- Sutherland Shire
- Sydney
- Waverley



Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Owners of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and future.

Central and Eastern Sydney PHN gratefully acknowledges the financial and other support of the Australian Government Department of Health.

Contact Us

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phn
CENTRAL AND
EASTERN SYDNEY
An Australian Government Initiative



What's the aim?

Early identification and treatment could help improve health outcomes and increase life expectancy rates for Aboriginal and Torres Strait Islander peoples.

The aim of the health assessment is to ensure that Aboriginal and Torres Strait Islander people of all ages receive primary health care matched to their needs, by

- early detection
- diagnosis and treatment
- development of a patient health management plan.

Your doctor should explain to you (or your parent/ carer), what's involved during the assessment, and ask for pre-signed consent.

Eligibility?

Patients who self identify as Aboriginal and or Torres Strait Islander are eligible for a health assessment every 12 months

Is there any cost?

Most services will bulk bill your health assessment but you may want to check the general cost of consultation fees with your GP.

What happens during the assessment?

The health assessment includes:

- taking your medical history and some physical examinations e.g. blood pressure
- an overall assessment; physical, psychological and social wellbeing
- screening tests e.g. blood tests for kidney function or blood sugar levels
- recommendation advice and information from the doctor.

What's next?

When the health assessment is completed, your doctor may develop a care plan. The plan should identify any services needed and any follow up required by you (or your parent/ carer)

You should be included in the development of the plan and a copy of the health assessment and the plan be made available to you (or parent / carer).

The doctor may also suggest referring you to a Care Coordinator or Aboriginal Outreach Worker to help link you up with services or specialists relevant to your ongoing care needs.

Why have one?

You may be eligible for 10 follow up services provided by a Practice Nurse or Aboriginal Health Worker, and 5 allied health consultations per calendar year.

You may be entitled to a further 5 follow up allied health services if a GP management plan and or team care arrangement is written by your doctor.

If your doctor diagnoses that you have or at risk of a chronic disease, you may be eligible to access Close The Gap scripts (CTG scripts) under the PBS co-payment measure (with participating doctors) which enables you to get PBS medications at the concession rate or free if you have a concession card.

It is important your usual GP carries out your health assessment. If you are having difficulty finding a local GP, please contact the Aboriginal Health Team at CESPHE on 1300 986 991.

Patients may have to go back to the doctor for a follow up visit if the check-up or tests show that you may need further care. For the best outcomes you should follow your treatment plan and attend all appointments.